

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-029882

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED SEP 10 1962

Primary Registration District No.

3000

Registrar's No.

275

STATE FILE NUMBER

VS 300
Rev. 4/59

10017

2990

3

4 0

5 1

6

7 0

8 2

9433.0

10

11

123-2

13-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KirksvilleLength of stay in lb
3 weeksc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Laughlin HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Scotland

c. CITY OR TOWN Memphis

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
Isaac Melvin Lay4. DATE OF DEATH
Month Day Year
August 31, 1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5/16/1890

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Schuyler Co., Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Isaac Lay

13b. MOTHER'S MAIDEN NAME

Sophronia Hatfield

14. NAME OF HUSBAND OR WIFE

Nina Lay

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Nina Lay Downing, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary embolism

INTERVAL BETWEEN ONSET AND DEATH

5 mins

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Intraventricular thrombus

36 hrs.

DUE TO (c)

Cardiac arrest and Fibrillation

36 hrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Gastric ulcer & gastric surgery

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8/7/62 to 8/30/62 and last saw her alive on 8-29-62
Death occurred at 2:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Jack D. Oyster D.D.

22b. ADDRESS

Kirksville, Mo.

22c. DATE SIGNED

9.1.62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

9/1/1962

23c. NAME OF CEMETERY OR CREMATORY

Jewel Cemetery

23d. LOCATION (City, town, or county)

Adair Co., Mo.

(State)

24. FUNERAL DIRECTOR

GERTH & BASKETT

ADDRESS

MEMPHIS, MISSOURI

25. DATE RECD. BY LOCAL REG.

Sept. 4, 1962

26. REGISTRAR'S SIGNATURE

Doris W. Pettif

Permit issued Aug 31, 1962

JACK A. AUSTER, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Fred Gutt

Licensed Embalmer No. 47258

P. O. Address Memphis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

° If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.